



DATE: _____

APPLICATION # _____

TEMP POLE # _____

HVAC: _____ GOOD CENTS (Residential only): _____

	ACCESSORY/STORAGE		LOCATION		RE-ROOF (Total/Partial)
	ADDITION		MOVING		SHELL ONLY
	DEMOLITION (Asbestos Survey)		NEW CONSTRUCTION		SLAB ONLY
	DUPLEX (Landscape Plans Req)		REMODEL/RENOVATION		SWIMMING POOL

GARAGE TYPE: SINGLE ☐ DOUBLE ☐ TRIPLE ☐
 ATTACHED ☐ DETACHED ☐ CARPORT ☐

Comments:
YES or NO

Plans Examiner

Zoning Official